

NHS East Riding of Yorkshire Clinical Commissioning Group
NHS Hull Clinical Commissioning Group
NHS North Lincolnshire Clinical Commissioning Group
NHS North East Lincolnshire Clinical Commissioning Group

Infection Prevention & Control

Annual Report

April 2020 – March 2021

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1. Purpose of the Paper

The purpose of this report is to provide assurance to the Quality and Performance Committee for NHS Hull Clinical Commissioning Group (Hull CCG) and SLT Quality, Risk and Information Governance and the Quality, Performance and Finance Committee NHS East Riding of Yorkshire Clinical Commissioning Group (ERY CCG), the Quality, Performance and Finance Committee NHS North Lincolnshire Clinical Commissioning Group (NLCCG), Quality Governance Committee NHS North East Lincolnshire Clinical Commissioning Group (NEL CCG) that infection prevention and control arrangements are in place and making continued progress in reducing the risk of Health Care Associated Infection (HCAI). The report highlights the main developments in the management of infection prevention and control activity for the period 1 April 2020 to 31 March 2021.

Please note there are several differences in how data is presented across CCG areas and the depth of information included. This is in part due to how data has been collected.

2. Background

The Clinical Commissioning Groups (CCGs) as the local healthcare commissioners take the responsibility for working across organisational boundaries and taking a whole health economy view to ensuring that the delivery of infection prevention and control is prioritised. The CCGs ensure that provider organisations of commissioned services have appropriately trained and educated staff in place and that the principles of infection prevention and control are embedded within the organisations. The CCGs also ensure that patient education is available and that individual patient needs are considered.

The CCGs are committed to reducing HCAI and recognise that the prevention of infection is fundamental to the safety and quality of care delivered to patients and remains a key priority for the NHS. As the epidemiology of many HCAI cases becomes more complex and as the threat of antimicrobial resistance increases, it is essential that we build on the progress made to date and work to identify new ways to improve practice and prevent harm to patients.

This has never been more evident than in the past twelve months. Where collaborative working has been required to deliver a health and social care response to the Coronavirus Pandemic.

3. Responsibilities

Infection Prevention & Control (IPC) Teams

The four CCGs across the Humber currently have different models of delivery in relation to IPC.

Hull CCG and ERYCCG

Responsibility for IPC sits within the portfolio of the Directors of Nursing and Quality. Support is provided by:

- **Head of Infection Prevention & Control /Lead Nurse** who is employed by Hull and ERY CCGs to provide strategic leadership and to give assurance to the CCGs of their commissioned providers' current performance against the latest national guidance for the reduction and prevention of HCAI. This post is hosted by NHS ERY CCG.
- **CHCP Infection Prevention & Control Team** is commissioned to provide advice and support to primary care for Hull CCG.
- **ERY CCG Infection Prevention & Control Team** is a directly employed team who provide IPC advice and support to primary care and residential and nursing care homes.

The COVID 19 pandemic raised the profile of infection control and highlighted the need for additional IPC capacity to support the social care agenda.

The ERY IPC Team expanded in September and October 2021 to enable the team to meet and deliver the challenges during the COVID-19 pandemic. The team now provide support to Adult Social Care COVID response teams in Hull and the East Riding. They support the respective public health teams by providing IPC training, supporting outbreak management, and providing advice to the social care sectors. The additional posts are funded by Hull City Council and East Riding of Yorkshire Council.

NL CCG

Responsibility for IPC sits within the portfolio of the Director of Nursing and Quality. Support is provided by;

- **Head of Nursing** who is employed to provide strategic leadership and oversight of the IPC portfolio including monitoring compliance against the latest national guidance for the reduction and prevention of HCAI.
- **Nurse Lead for IPC and Primary Care** who supports the Head of Nursing in the day to day advice and support to Primary Care and the Care Sector in North Lincolnshire.
- **IPC Specialist Nurse support is provided by the Local Authority Public Health Team.**

NEL CCG

Executive accountability for IPC sits within the portfolio of the Director of Quality and Nursing. Support is provided by;

- **Deputy Director of Quality and Nursing** who is employed to provide strategic leadership and oversight of the IPC portfolio including monitoring compliance against the latest national guidance for the reduction and prevention of HCAI.
- **Head of Nursing** supports the Deputy Director of Quality and Nursing in delivering their oversight function.
- **Care Plus Group Infection Prevention and Control Team** provide IPC advice and support to primary care and residential and nursing care homes. They are also commissioned to support the completion and scrutiny of post infection reviews and they also adopt an assurance and development function on behalf of the CCG, by completing provider infection prevention and control audits.

During 2020/21 NELCCG and the local Authority recognised that additional capacity was needed within the commissioned infection prevention and control service to support delivery of the agenda to maintain a safe system. Therefore, both bodies contributed to fund additional posts within the Community Infection Prevention and Control team.

4 COVID 19 Pandemic Response

Over the past twelve months the CCGs have worked with partner organisations and within the Emergency Preparedness Resilience and Response (EPRR) guidance and framework to support the response to the COVID 19 pandemic. To support this response staff from across the CCGs responded to the call to be redeployed. This has enabled the CCGs to deliver against the actions required in response to COVID- 19.

The paragraphs below provide a brief overview of the IPC response to the COVID 19 pandemic including the support provide by colleagues across the CCGs without whose collaboration we would not have been able to initiate a robust response.

4.1 Personal Protective Equipment (PPE)

During the first wave of the pandemic due to a national shortage of PPE the CCGs and Local Authorities across the Humber needed to source PPE to ensure a timely supply to primary care, social care, and carers.

The Head of IPC (ERY CCG) worked with colleagues in Hull CCG to source the appropriate standard of PPE required for health and social care staff across the Humber to provide the correct level of protection. This included the requirement to use Filtering Face Piece 3 (FFP3) masks for aerosol generating procedures.

As COVID 19 was a novel virus the guidance around the use and standard of PPE changed on a frequent basis in line with new evidence of how the virus was spread.

4.1.1 Fit Testing for FFP3 Masks

The Head of IPC (ERY CCG) provided expert advice regarding PPE requirements for aerosol generating procedures to the Local Resilience Forum (LRF) PPE cell to ensure there was access to appropriate PPE for care staff. The 4 CCGs, Local authorities and LRF worked collaboratively to share PPE resources.

The four Humber CCGs took a lead role in ensuring care staff across their commissioned services and personal carers were offered appropriate access to fit testing in line with national guidance. Fit testing will need to continue until such time as the guidance changes. This support has enabled new staff to be 'fit' tested as they commence in post.

4.1.2 Hull CCG & ERY CCG

During the first wave of the pandemic, 6 members of CCG staff undertook the training required to fit test care staff. These roles were pivotal in delivering the response to fit test in line with national guidance.

Due to changes in products available there has been a requirement to undertake fit testing of some staff on more than one occasion.

A total of 470 fit tests were undertaken from April 2020 to March 2021 across both CCGs. Table 1 and 2 below show the breakdown by quarter. 306 fit tests were undertaken on behalf of ERY CCG and 164 for Hull CCG. Home care providers providing support to individuals who required aerosol generating procedures to be undertaken in their own homes accounted for 287 fit tests.

ERY CCG Fit Testing 2020-21				
	Q1	Q2	Q3	Q4
Home Care	71	30	29	52
PAs	18	13	16	25
Schools	0	9	0	7
Other	0	14	8	14
Total	89	66	53	98

Table 1

Hull CCG Fit Testing 2020 - 21				
	Q1	Q2	Q3	Q4
Home Care	28	16	48	13
PAs	5	0	0	4
Schools/Nurseries	0	23	4	18
Other	0	0	0	4
Total	33	39	53	39

Table 2

4.1.3 NL CCG

Humber Fire and Rescue Service have been pivotal in the implementation of 'fit testing' within North Lincolnshire which commenced in May 2020 in accordance with the IPC Guidance. Fit testing has been undertaken for staff working with clients within several areas such as Care Homes, client's own homes, schools, and colleges within NL CCG. To date 162 individuals have been tested.

4.1.4 NEL CCG

Care Plus Group Infection Prevention and Control Team have supported the wider health and care economy with fit testing.

4.2 Training

At the beginning of May 2020 there was a national call to assist LRFs to support care homes, supplementing and accelerating IPC training at pace, under the mutual aid principle. This was in response to multiple guidance documents released in relation to Care Homes, Domiciliary Care and Primary Care with a clear focus on IPC standards.

Each CCG was required to identify staff to become "Super Trainers" through the Getting It Right First Time (GIRT) national training programme. The aim of the super trainers was then to deliver train the trainer to one member of staff per ten care homes within each CCG area. All 4 Humber CCGs complied with the request and identified staff who undertook the training.

To support the delivery of the training Ruth May; Chief Nursing Officer for England, issued a letter entitled 'Urgent CCG assistance to supporting Care Homes' on 1 May 2020. This related to IPC with a focus on the donning (putting on) and doffing (taking off) of Personal Protective Equipment (PPE). NHS England had provided a trajectory of all care homes to be offered specific IPC, Donning and Doffing training by 28 May 2020.

Training across the 4 Humber CCGs was offered to 100% of care homes within the timeframe required. This was delivered by using a mix of face to face, virtual (using existing and new platforms Project ECHO and Microsoft Teams) and a Train the Trainer approach.

4.2.1 Hull CCG & ERY CCG

A collaborative approach to delivering the training was developed to ensure the objective of 100% offer to all care homes was delivered by the target date. Staff across both CCGs and from the service volunteered to support the delivery of the training.

Training was offered to all 139/139 Care Homes within East Yorkshire and 83/83 Care Homes in Hull.

Following the completion of the initial training offer, IPC training has continued to be delivered across both CCGs

In total 630 staff have been trained in East Yorkshire and Hull. The training covers:

- donning and doffing
- cleaning products and the environment
- hand hygiene
- nosocomial spread

The training is reviewed and updated on a quarterly basis or as guidance is released to ensure attendees are receiving the most up to date information. All sessions have a question and answer section.

In November 2020 IPC Champions training commenced. The aim of this training is to develop an IPC knowledge base within each care home with the aim of:

- Consolidation of the current learning currently in place.
- Continuing to improve standards of care and reduce risk from infection.
- Delivering clean, safe care to support a reduction in preventable infections.
- Enabling homes to provide evidence that IPC is maintained and supported within their care setting.

Staff attending the training will become a resource for their home and will be provided with the tools and skills to undertake audits and teaching sessions to staff within the home.

By the end of March 2021, 16 homes within Hull and 56 homes in East Yorkshire had undertaken the Champions training.

The homes who have not currently attended the training will receive a letter to encourage them to identify a Champion to attend the training in order to support good infection control practice within the care home.

4.2.2 NL CCG

Training was offered to all 59 Care Homes within North Lincolnshire. A trajectory and monitoring dashboard was developed (Figure 1), and the chart below identifies the progress from the 19 May 2020 – 27 May 2020 when the trajectory of 100% of Care Homes (59/59) having received the IPC/PPE training was reached. Good engagement from all providers assisted with achievement of this trajectory.

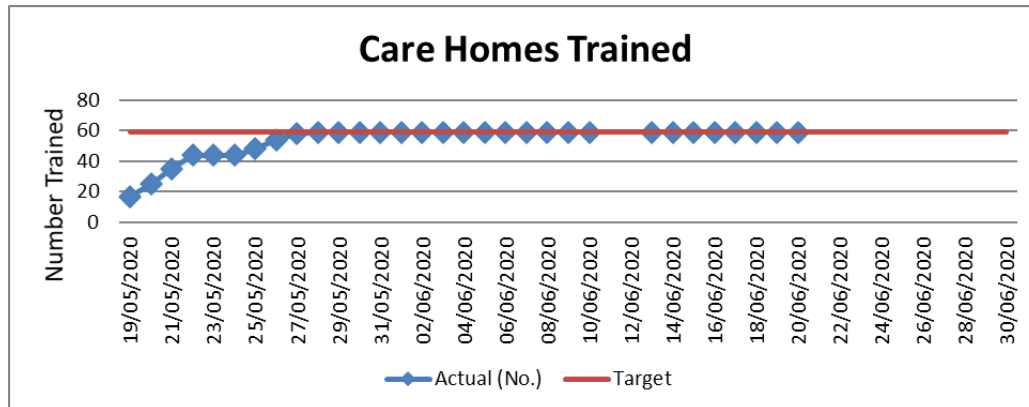


Figure 1

As at the 28 May 2020, 632 direct care staff across 59 Care Homes had received training.

The second milestone in relation to the training was to have 80% of direct care staff trained. This was achieved on 12 June 2020, with 1494 direct care staff having received the training (figure 2).

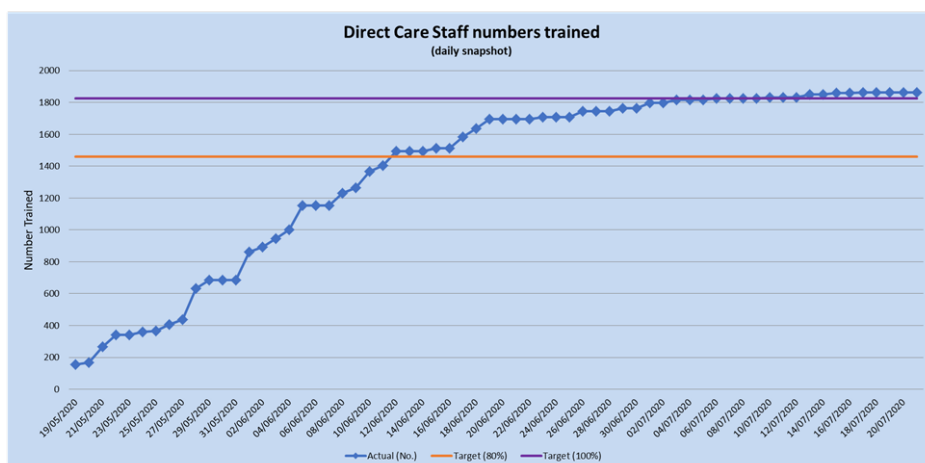


Figure 2

By the end of July 2020, all Care Homes had achieved 100% compliance of direct care staff having received IPC/PPE training which equates to 1826 staff.

The CCG also rolled out this training to Domiciliary Care Providers and Personal health Budget clients.

A Train the Trainer Forum has been established bi-monthly for the 112 trainers in Care Homes and 44 trainers within Domiciliary Care providers to provide on-going support and assurance during the continuation of the Covid-19 pandemic with regard to IPC/PPE.

Training has been revisited with all care homes since the initial training was implemented in May 2020, with further updates for all Train the Trainers provided via a specific forum to ensure competency, compliance and support is maintained.

In collaboration with North Lincolnshire Local Authority, Hand Hygiene ‘glo’ boxes have been purchased for all Care Homes and Domiciliary care providers to further aid education and training in respect of hand hygiene.

Separate training programmes have been delivered to Practice Nurses, Care Home and Domiciliary Care Staff over a six-week period covering:

1. Role of IPC Lead
2. Chain of infection – Best Practice, hand audit and PPE
3. Prevention of UTI – to dip or not to dip
4. Waste management, environmental cleaning, and sharps
5. Equipment Cleaning
6. Asepsis, specimen collecting, laundry, linen, uniforms, and clothing

4.2.3 NEL CCG

All care and nursing homes in North East Lincolnshire were offered the training. In addition, training was also delivered to community healthcare providers who requested access to the training.

4.3 Outbreak Management

The four Humber CCGs have worked closely with colleagues in the Local Authority, Public Health England, Acute Care Providers and Mental Health Providers during the pandemic to support outbreak management.

4.3.1 Hull CCG, ERY CCG and NEL CCG

When an outbreak is identified within a setting a formal outbreak management process is commenced. As part of this process an incident management team is convened. The meeting is chaired by Public Health and the remit of the meeting is to review the current situation, identify levels of risk and potential areas to reduce further spread of the infection. The IPC team have attended each incident management meeting for the care home outbreaks providing advice and support.

In addition, the team have undertaken support visits where concerns have been identified due to the number of positive residents and staff cases. An action plan has been developed following each visit, all action plans are monitored and updated until all actions are completed. A follow up visit is undertaken to provide assurance that IPC standards have been maintained.

The following reoccurring themes have been identified through the visits:

- PPE not been worn correctly, mask under chins, gloves being alcohol gelled rather than changed, not wearing eye protection.
- Not social distancing in non -resident areas.
- Inappropriate cleaning products.
- The same stations been used for donning and doffing.
- Inappropriate storage of PPE.
- General clutter making cleaning more difficult.

Homes have responded well to the visits and taken on board the advice and support offered making the necessary improvements to comply with appropriate IPC practice.

In addition, 1030 ERY and 978 Hull social care providers have been provided with telephone support and advice in relation to:

- positive cases of COVID 19
- current guidance
- swabbing
- cleaning
- IPC measures

The IPC Team have worked with colleagues across primary care to support with:

- the setting up of Hot sites
- providing advice around the changes in guidance around the types and use of PPE
- supporting access to staff testing
- setting up of Flu clinics
- guidance on home visits

The team have supported the Covid vaccination programme since its inception in the East Riding and have been involved in setting up Primary Care Network (PCN) vaccination sites and have undertaken vaccination site assurance visits with Quality team colleagues. This has proven to be a valuable experience working with the PCN's and other members of the CCG and providers at place.

4.3.2 NL CCG

The CCG in conjunction with partners established a Care Home Oversight Group in April 2020 in response to the pandemic. This group provides oversight and management of any Covid-19 outbreak within Care Homes, including the forum for undertaking Incident Management Meetings where a confirmed outbreak has occurred. This forum is chaired by a member of the local Public

Health Team and the CCG Head of Nursing is a core member, alongside other system partners including the local community nursing provision, Local Authority and Mental Health providers.

The CCG Nursing team have provided telephone support to any care home which has reported a positive case of Covid -19, with follow up support visits undertaken to provide IPC advice and guidance. This support is maintained for the duration of any outbreak. In addition to this all Care Homes have been offered further IPC visits to support ongoing IPC compliance and identify areas of good practice and seek opportunities for further improvements. The majority of Care Homes across North Lincolnshire have taken up this vital offer and a reduction in the number of outbreaks within Care Homes has been noted.

Key themes and lessons learnt have been identified throughout the pandemic and these have been shared regularly across the Care Sector to support local improvements. The main key themes are not dissimilar to those identified in section 4.3.1 above with the inclusion of car sharing being an area of focus during the early stages of the pandemic.

An excellent response has been achieved across North Lincolnshire and partnership working within this area has continued to have a positive effect throughout the last year.

IPC support has also been provided to colleagues within Primary Care with support visits undertaken to practices which set up 'hot clinics' during the initial stages of the pandemic alongside the offer for any IPC support visits to practices as they increased face to face activity. Telephone advice and support has been provided alongside support visits to any practice with any confirmed cases of covid-19.

The team have supported the Covid vaccination programme since its inception and have been involved in the IPC assurance process for the PCN vaccination sites, the Scunthorpe vaccination site and supported additional pop-up sites. This has proven to be a valuable experience.

4.4 Summary

In the initial stages of responding to the COVID 19 pandemic the frequently changing guidance and PPE supply issues brought daily challenges. Staff across the 4 CCGs provided support to allow the delivery of the response. In NEL CCG the Community IPC Team supported the delivery of the pandemic response.

Collaborative working continues across the system to support Care Homes in the 4 CCG areas in relation to IPC to ensure positive outcomes for individuals residing in care homes.

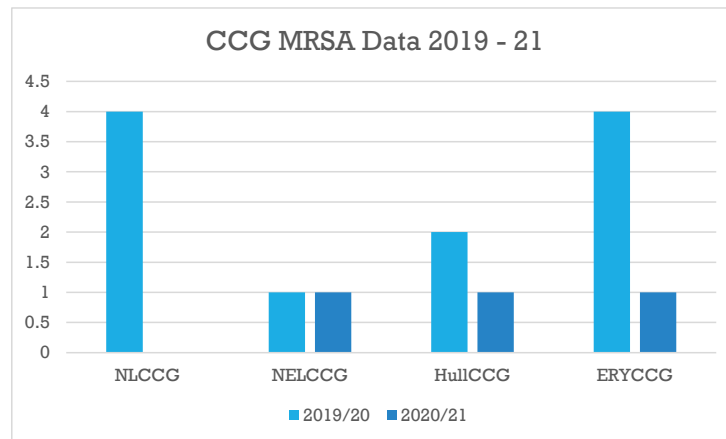
The pandemic has emphasized the need for good IPC measures to prevent the spread of infection. We need to ensure the lessons learnt from the pandemic are carried forward into the future.

5. Surveillance

Due to the COVID 19 Pandemic several HCAI processes were stood down to allow provider organisation to focus on the delivery of the COVID 19 response. Below is an overview of the 4 CCGs HCAI rates for 2020/21.

5.1 Methicillin-Resistant Staphylococcus Aureus Bloodstream Infections (MRSA BSI)

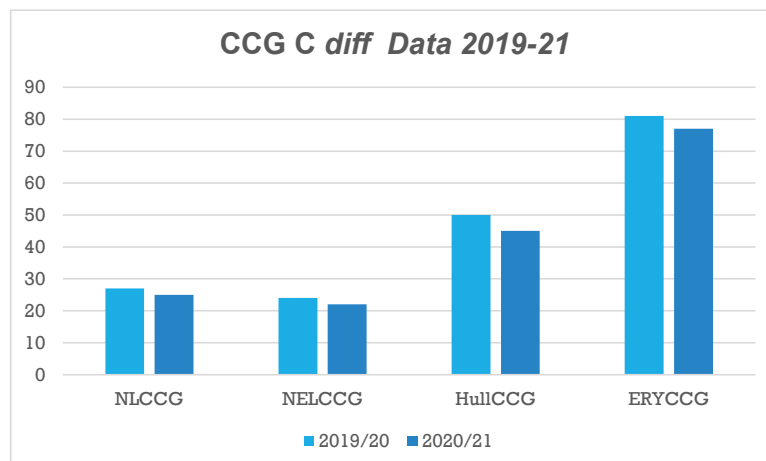
A reduction in MRSA BSI cases has been reported across all 4 CCG areas. NL CCG reported 0 cases for the year ending 2020/21. The below chart shows the MRSA BSI cases for the 4 CCGs for 2019/20 compared to 2020/21.



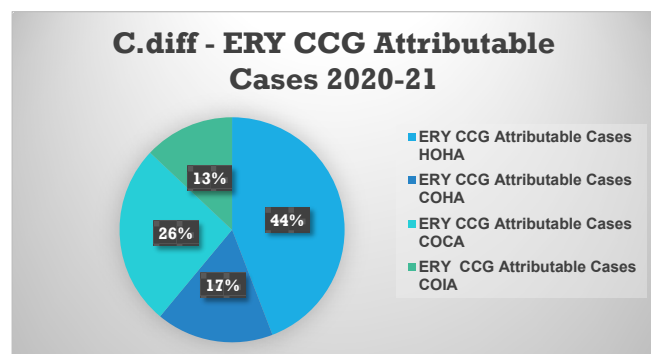
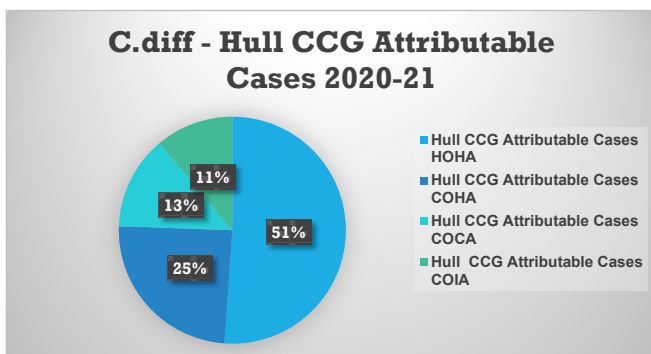
The reduction in MRSA cases could be attributed to a reduction in normal activity in secondary care organisations.

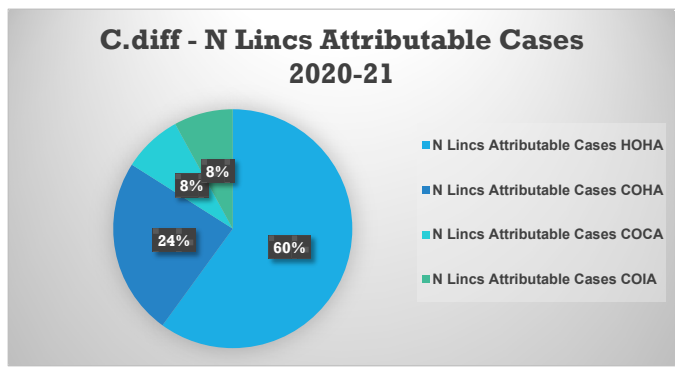
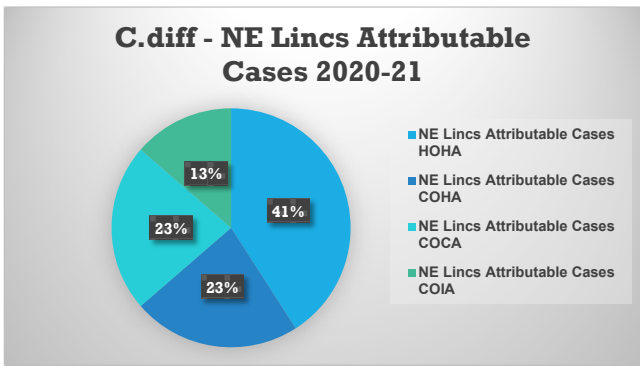
5.2 Clostridium difficile (C. diff)

The below chart shows the Clostridium *difficile* cases for the 4 CCGs for 2019/20 compared to 2020/21. All 4 CCGs have seen a decrease in overall C. *diff* cases for the year ending 2020/21.



The charts below show the breakdown of cases by category for each CCG.

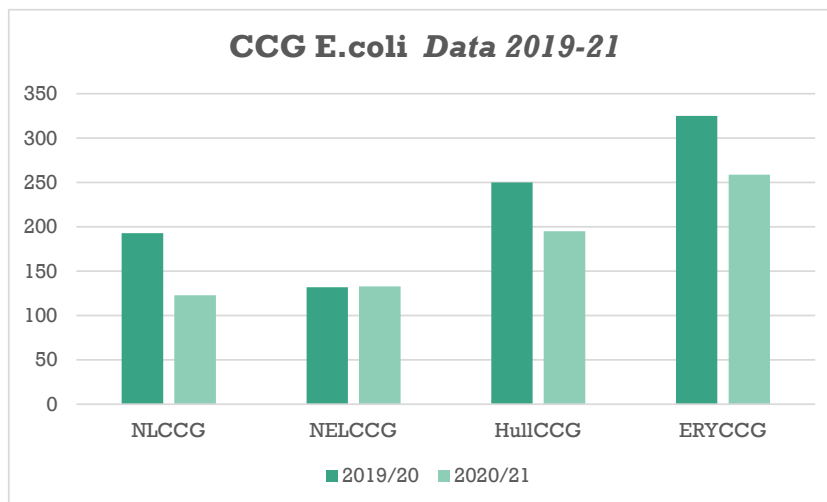




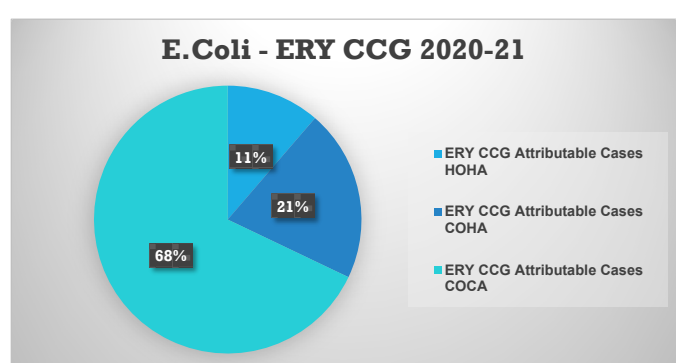
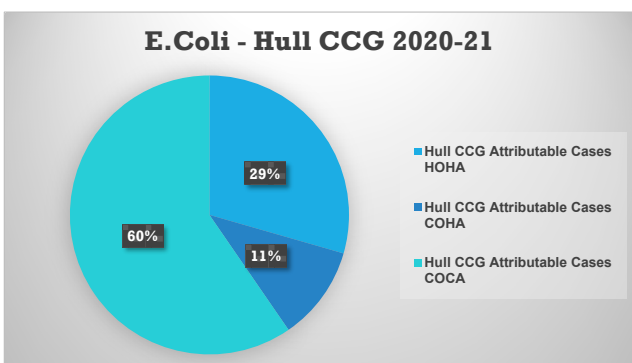
Hospital onset Healthcare Associated (HOHA) cases across all 4 CCGs account for the highest proportion of attributable cases. This could be in part due to the treatment of secondary infection following admission due to COVID however this needs further investigation. Cases of *C. diff* undergo a review process to identify any learning this process should highlight any areas of concerns and identify if the use of antibiotics for secondary infection has contributed to the distribution of cases. This will be on going throughout 2021/22

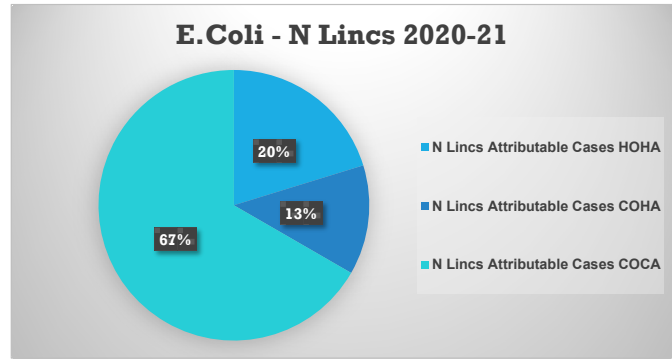
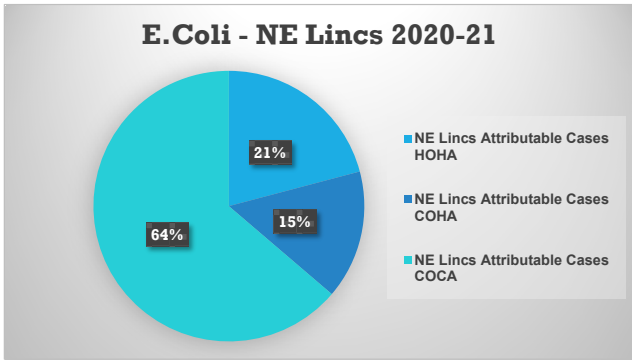
5.3 Escherichia coli Blood Stream Infections (E. coli BSI)

The below chart shows E. coli BSI the cases for the 4 CCGs for 2019/20 compared to 2020/21.



NEL CCG has seen increase by one case in reporting period 2020/21 compared to 2019/20. Hull CCG, ERY CCG and NLCCG have all seen a significant decrease in cases. The charts below show the breakdown of cases by category for each CCG.





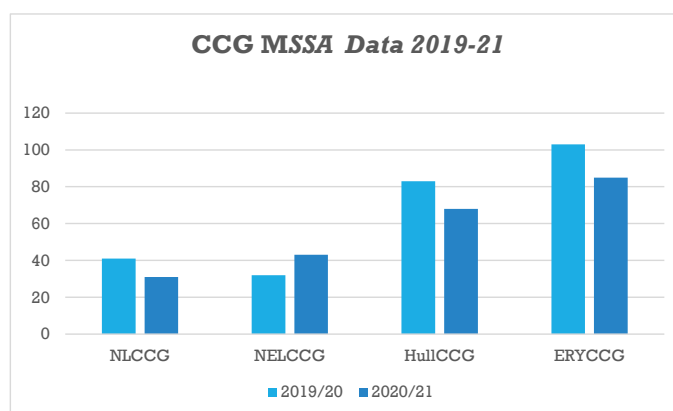
In all 4 CCG areas more than 60% of cases are Community Onset Community Associated cases (COCA). An in-depth review of the COCA cases needs to be undertaken to understand the cause and any action which could be undertaken to support further reduction in cases. During 2021/22 the process for reviewing COCA cases needs to be established and the work streams previously in place need to be evaluated and re-established.

A number of E. coli reduction and improvement workstreams have had to be suspended or delayed due to the response to COVID 19. This includes the following:

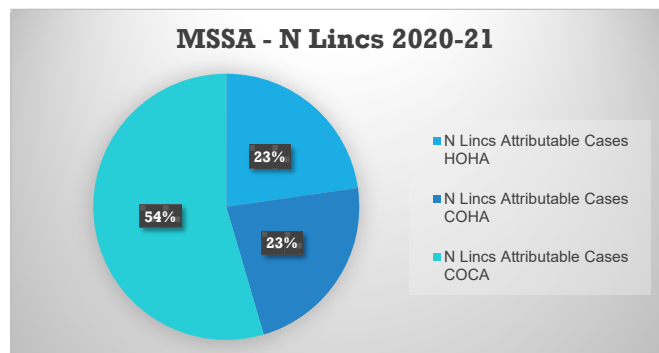
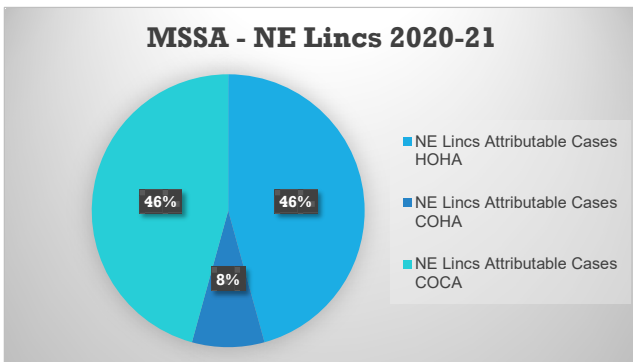
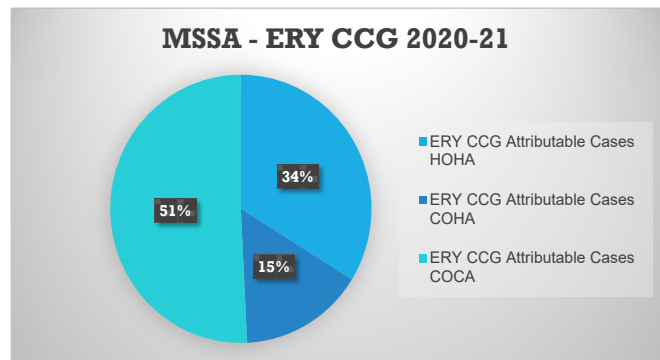
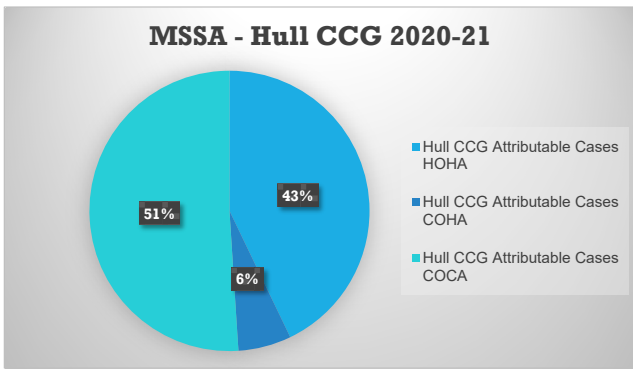
- Review and update of the E Coli Reduction Plan.
- Re-launch of the 'dip or not to dip' with Primary Care nurses through Protected Learning Time and the CCG IPC Forum.
- Commencement of an education programme to direct care staff within care homes and domiciliary care relating to catheter care, good hydration, and management of suspected urinary tract infection.

5. 4 Methicillin Sensitive Staphylococcus Aureus Bloodstream Infections (MSSA BSI)

The below chart shows E. coli BSI the cases for the 4 CCGs for 2019/20 compared to 2020/21.



The charts below show the breakdown of cases by category for each CCG. NEL CCG have seen an increase in cases by 11 cases. 3 CCGs have seen a decrease in cases.



5.5 Summary

Overall, there has been a reduction in the number of Healthcare Acquired Infections (HCAI) reported during 2020/21. The reduction in secondary and primary care routine activity and improved compliance with infection control practices due to the COVID Pandemic may have contributed to the reduction.

There is a variation in overall numbers of HCAI's between CCG areas there are several reasons for this including demographics, size of CCG area and prescribing rates within primary and secondary care.

The NHS Standard Contract 2021/22 Minimising Clostridium difficile and Gram-negative Bloodstream Infections sets out the quality requirements NHS trusts and NHS foundation trusts to minimise rates of both C. difficile and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. It also sets out threshold levels for CCG's.

For acute trust organisations and CCGs C. diff cases are to be reduced by one case for 2021/22 and gram-negative cases by 5% less than the year 2019/20.

6. Infection Control Audit

Hull CCG, ERY CCG and NEL CCG

The routine audit of GP practices and Care Homes was suspended during the COVID 19 Pandemic. Enhanced actions plans have been produced for Care Homes where IPC supportive visits have been undertaken in response to COVID outbreaks.

NL CCG

IPC audits have been completed for 45 of our 59 care homes within North Lincs up to the time of writing this report. The remaining audits will be completed over the coming months.

These audits are undertaken as a supportive measure with the care home manager or senior staff.

IPC support visits have been undertaken to GP practices as requested during this financial year further support audits will be undertaken during 2021/2022.

7. Meeting Structures

Hull CCG & ERY CCG

All IPC meetings were suspended from May 2020 onwards to allow IPC and Public Health teams to focus on the response to the pandemic.

NL CCG & NEL CCG

A joint Northern Lincolnshire IPC meeting was established pre-pandemic. The purpose of the meeting is to provide a strategic approach across the whole health and social care economy to reduce the incidence of healthcare acquired infections, progressing national IPC agendas, and facilitating local proactive risk management. Unfortunately, due to the ongoing pandemic, this group has only been able to meet twice.

As part of this forum a Northern Lincolnshire IPC strategy was developed but the roll out and implementation was paused due to the ongoing response needed to the Covid-19 pandemic.

8. Priorities for 2021-2022

The priorities for 2021-22 will be:

- To continue with the IPC response to COVID 19.
- Support the 2021 Flu campaign.
- Re-establishing business as usual with regards to the HCAI agenda and reducing incidence.
- The development of the ICS will need to be a priority to ensure IPC teams are fit for the future structure changes within the ICS a Deep Dive will be required to understand the difference across the 6 CCG within the ICS boundary.